



**OUT-OF-STATE APPLICANT
LICENSE CERTIFICATION FOR EXAMINATION - FORM A**

Instructions to the Applicant:

- Complete the Applicant information.
- Mail this form to the state in which you are licensed. The other state's licensing board must complete the section marked "To Be Completed By The Licensing Agency Issuing Previous License".
- Request the licensing agency to return this form or their licensing certification letter directly to this Board.
- The certification of licensure **MUST** come from the other licensing agency.

(Please type or print legibly in ink)

Applicant's Full Name (First, Middle, Last)	
Residence Address:	Street and Number City State Zip Code
Birthdate (mm/dd/yy)	Social Security Number* Phone Number ()
E D U C A T I O N	Circle the Highest Grade You Completed in K-12 Education 1 2 3 4 5 6 7 8 9 10 11 12
	Date Completed
	Name and Address of School in Which You Completed the Grade Indicated
Name Used on School Records	

TO BE COMPLETED BY THE LICENSING AGENCY ISSUING PREVIOUS LICENSE:

LICENSE TYPE	LICENSE NUMBER ISSUED	DATE ORIGINALLY ISSUED	EXPIRATION DATE:
TOTAL HOURS OF SCHOOLING	TEMPORARY LICENSE ISSUED <input type="checkbox"/> NO <input type="checkbox"/> YES	If Yes, FROM _____ TO _____	

By signing below, the undersigned certifies that the above named applicant's license is in good standing, and that no disciplinary charges have been taken or are pending against said licensee.

**PLEASE MAIL THIS FORM WITH ORIGINAL SIGNATURE.
FAXED OR PHOTOCOPIES WILL NOT BE ACCEPTED.**

OFFICIAL SEAL
(If no Official Seal,
please indicate)

State _____
Official Signature _____
Title _____
Date _____

*** MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS**

Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your SSN your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.